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exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-20	70	(512) 463-5800	1-800-325-850
	TE/OFFICEHO		5032	FORM (COVER SHEET	
	ON Guide explains how		COUNT W hics Commission (liers)	2 Total pages filed:	
CANDIDATE / OFFICEHOLDER NAME	NICHANICKNAME "MIKE"  S	FRAST AEL LAST IMPSONI	( NONE)	OFFICE USE  Date Received  TRA	ONLY
CANDIDATE / OFFICEHOLDER ADDRESS  Change of Address	ADDRESS / PO BOX; APT / S  //402 Hu	UITE : CITY; NTERS LAN	STATE: ZIP CODE	JAN 17 AMII ANA BEBEACYC COUNTY CLERY AVIS COUNTY TE	
CAMPAIGN TREASURER NAME	(Same)	FIRST	MI		ount
	NICKNAME	LAST	SUFFIX	Date Processed  Date Imaged	
CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PL	LEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	·
CAMPAIGN TREASURER PHONE	AREA CODE PHONE (5/2). 837-0		EXTENSION		
REPORT TYPE		Oth day before election	Runoff Exceeded \$500 limit	15th day after campaign appointment (officeholder Final report (Attach C/OH	only)
PERIOD COVERED	Month Day Year 7 / 1/2/200	· · · · · · · · · · · · · · · · · · ·	Month Day 12 /31 /	2001	
ELECTION	ELECTION DATE	ELECTION TYPE			

11 OFFICE 13 DIRECT Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. CAMPAIGN Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. •• **EXPENDITURE** BY OTHER

Address / PO Box; Apt. / Suite #;

additional pages

INDIVIDUALS

**GO TO PAGE 2** 

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Etnics Commission liver	/ <b>6</b> )		
IAA	ICHAEL.	SIMPSON				
	1 -		poort the candidate / officeholder. These expenditures mu	ay		
16 SUPPORTING POLITICAL COMMITTEE(S)	This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures me have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report to information only if they receive notice of such expenditures.					
		COMMITTEE NAME				
	COMMITTEE TYPE					
	,			<del>.</del>		
	GENERAL	COMMITTEE ADDRESS				
			NA			
	6PECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		- Go	1			
additional pages						
٠, ٠٠٠٠٠٠٠٠ ي		COMMITTEE CAMPAIGN TREASURER ADDRESS				
7 NO REPORTABLE ACTIVITY	Check here if I	to reportable activity occurred during this reporting perio	od, (Sign affidavit below and submit pages 1 and 2 only.)			
ACTIVITY		<u> </u>				
18 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (	OTHER THAN			
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNL	ESS ITEMIZED \$			
		OCCUPANT OF THE PROPERTY OF TH				
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF	FLOANS) \$			
	(**************************************	·				
EXPENDITURE	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, U	NLESS ITEMIZED NA			
TOTALS			\$ 77			
	4. TOTAL POLITICAL EXPENDITURES					
OUTSTANDING	5. TOTAL F	RINCIPAL AMOUNT OF ALL OUTSTANDING LO	DANS AS OF THE			
LOAN TOTALS	LAST DA	\$				
19 AFFIDAVIT		·	,			
		t swear, or affirm, un	der penalty of perjury, that the accompanying repo	ort by		
and the second	**********		id includes all information required to be reported	D y		
	LAVERA C HARRIS  Notary Public, State of Texas	me under Title 15, El	ection Code.			
	My Commission Expires	7				
XXXXXXX	APRIL 21, 2004	2 /// 1/2	as Sunhas			
		. 10 WWW	nature of Candidate of Officeholder			
		Old Color	<i>U</i>			
		•				
AFFIX NOTARY STAME	P / SEAL ABOVE	_	_			
		Michael Simpson	_ this the this the day or January	1		
Sworn to and subscribed		•		J		
19 2002, to certify w	hich, witness my han	d and seal of office.				
MIN ATO	, fa	d A da la	. 1 . 1			
THE THE DE	LINE CARL	Lallera C. Harris	Notary			
Signature of officer ac	lministering oath	Print name of officer administering oath	Title of officer administering oath			

